by fever, this must be regarded as a sign that the wound in the uterus is not properly healed, and should such a patient come into subsequent labor, she should be delivered by section at the onset of labor. In all cases of labor where infection is known to exist, and the necessity for section arises, sterility and hysterectomy should be performed, and not the ordinary conservative section. Transverse, fundal, extraperitoneal and cervical incisions have not lessened the liability of rupture in the uterine scar, but have probably increased it. In cases of Cesarean section the danger of subsequent rupture of the scar is not so great that each Cesarean section should be followed by sterility. Patients who have had section and who subsequently become pregnant should be delivered in a hospital with skilled attendance where operation could be promptly performed if necessary. Version, high forceps, tamponing the uterus, the use of bags, and the giving of pituitrin should never be employed in patients who have a Cesarean scar. Not more than 2 per cent. of cases delivered by section have a rupture of the scar in subsequent labor, and this shows that the argument "once a Cesarean section always a Cesarean section" is not reasonable. There is, however, sufficient danger to forbid the indiscriminate use of the Cesarean operation.

A Practical Method of Estimating the Condition of the Ovaries.—In an article upon fertility and sterility, REYNOLDS (*Jour. Am. Med. Assn.*, October 21, 1916) draws attention to the fact that at operation practical idea of the condition of the ovaries may be obtained by a careful palpation. The consistence of the normal ovary is distinctly soft and elastic and uniform. One of the most frequent pathological processes found in the ovaries is sclerosis, and this can be appreciated better by touch than even by sight. The decision to remove or leave an ovary in a given case may often be properly made by careful palpation of the ovary, and the recognition of a considerable area which is normal in consistence. Where, on the other hand, nothing but firm sclerotic tissue is present the ovary is in all probability incapable of function.

Rupture of the Uterus following the Use of Pituitrin.—MCNEILE (*Am. Jour. Obst.*, September, 1916) reports the case of a strong-looking Mexican woman who had three labors previously, two terminated by the use of forceps and one spontaneously. The position and presentation in the fourth labor were normal and favorable, and as uterine contractions grew feeble during labor, pituitrin was given. This was immediately followed by tetanus of the uterus with pain in the epigastric region and chest. Uterine contractions ceased. Later the patient was delivered of a stillborn child. Hemorrhage followed and when the hand was introduced into the uterus to deliver the placenta it was found in the abdominal cavity. On admission to the hospital the patient was semicomatose, and on section a transverse rupture of the lower segment was found, the edges of the tear badly lacerated. A supravaginal hysterectomy was done with drainage; the patient recovered. On subsequent examination the pelvis was obliquely contracted. In the literature including his own, the writer has collected 16 cases of rupture of the uterus following the use of pituitrin, with thirteen deaths. After considerable experience with the drug the con-

clusion is that pituitrin has absolutely no place in normal obstetrics, and in selected cases only, under accurate observation and skilful care, is its use permissible. The reviewer has recently seen a case where separation of the placenta followed the administration of pituitrin; also a case of contracted pelvis where pituitrin was given repeatedly, and forceps used unsuccessfully, and a case of uterine rupture following the use of pituitrin. This substance is probably the most dangerous drug at present in the hands of the general profession.

Spontaneous Rupture of the Uterus.—TELFAIR (*Am. Jour. Obst.*, September, 1916) reports the case of a patient admitted to hospital in shock, with breech presentation in which the fetus could not be safely delivered by traction. On opening the abdomen a transverse rupture across the vaginal vault was found opening up the broad ligament on the left side and extending up upon the uterus. Craniotomy and extraction were immediately performed followed by hysterectomy. The patient did not survive the operation. In discussion a case was described in which after a perfectly normal and rapid labor a patient had died from profuse hemorrhage behind the peritoneum arising from a tear in the left broad ligament which had opened the uterine artery. It also developed in discussion that a spontaneous rupture of the uterus can occur as low as the broad ligaments without interference during labor.

Pregnancy following Extensive Operations upon the Pelvic Organs.—VINEBERG reports a case where a gangrenous appendix was removed, also one tube and ovary, and adhesions around the other tube freed, and the opening of the closed tube resulted, the ovary remaining. Although the operation was a difficult and extensive one, the patient made a good recovery and subsequently became pregnant. Speaking from clinical experience there seems to be no condition in the abdomen so complicated by adhesions that pregnancy may not occur if ovarian tissue be left and one tube which is in any degree patent.

The Transmission of Hereditary Syphilis.—GAUCHER (*Bull. de l'Acad. de méd.*, September 26, 1916) reports the case of an apparently healthy young couple free from acquired venereal disease who had three children presenting the manifestations of inherited syphilis of a severe type. One child is an idiot. Gaucher had been the physician of the grandfather, and remembered that although this man had never acquired venereal disease, that he had hereditary syphilis. He died in early manhood from syphilitic paraplegia. This interesting case illustrates the potency of hereditary syphilis even to the fourth generation.

Puerperal Eclampsia.—SCHEULT (*Jour. Obst. and Gynec. Brit. Emp.*, June–August, 1915) gives the results of his operations on 122 cases of puerperal eclampsia in the hospital at Trinidad. His observations show that in the majority of cases nephritis was present in varying degree. The greater number of these cases were primiparæ and the influence of twin pregnancy is recognized in causing eclampsia. The disease seemed less frequent when the weather was driest and the coming of the rainy season was followed by an increase in the number of cases. The maternal mortality was 22.9 per cent. and the fetal mor-